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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

		LEGISLATOR INFORMATION		
Name SAAA	O. Lewin		Member of:	☐ Senate
	EASM+S		District /4	
City, zip code	MAINE E	07903	Phone 439-6	0354
	PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AND		
List the name and address principal type of economic a	s of each employe activity of each em	er from whom you received compensation ployer.	of \$1,000 or mo	ore. Specify the
Name of Emplo	1026 kg, kg, kg	Address		oe of Economic of Employer
STATE OF MAIN	18	2 STATE HOUSE STATION AUGUSTA, MAINE	. Gereni	
				erroren (r. Addida annormany v gandamen
	7 A LE	A Thursday of the Adjoint of the Section of the Sec	TO THE BOX SALES AND	
A. List the name and add derived income. If associa areas of economic activity of	(For L ress of your busing ted with a partners	ME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.) ness, if any, and list the major areas of e ship, firm, professional association, or simi	Aconomic activity	from which you ly, list the major
Name and Address	of Business Entity	Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Address: Name:		9 to 40 months solving suppressed to the contract of the contr	<u></u>	e de la companya de
Address:	_		•	
REVISEN to 1	nchide t	EGISLATIVE SALANG	<i>i</i> 2-	- • •

PAR		NCOME DERIVED FR Legislators who are self-em		YMENT	· · · · · · · · · · · · · · · · · · ·
B. List each source of income dis greater, and specify the principal disclosure is prohibited by law, rethe entity or person from whom the	erived from self-emplo pal type of economic ule, or an established	oyment that represents mactivity of the entity or ped code of professional ether.	nore than 10% of you erson from whom you	derived such inc	ome. If this form of
	Name and Address	The state of the s		Activity of En	pe of Economic ity or Person Who se of the Income
Name:	MH	entrevense i se venembre en orien enembre i inicia	dasi↓	4 in 1 -	్ చేసిన్ని కళ్ళిత్వేచినకు ఆస్తు
Address:		The state of the s			
Name:	National Control of the Control of t	•			-
Address:					
		MAJOR AREAS OF gislators who are attorneys-			
List your major areas of practice	. If associated with a	law firm, list the major an			
Name a	nd Address of Firm	saa vaada maaga aan aadaa aad	Major Areas of Pra (self)	actice Major	Areas of Practice
Name:	NAT	es montasories	•		
Address:	<u> </u>				
Name:	/				
Address:	/				
	and the state of t	OTHER SOURCES O	761 (C)		
List each source of income of \$1	,000 or more <u>not liste</u>	<u>d</u> in Parts 1, 2, or 3 of this	s form. Do not includ	le gifts. If none, o	heck the box.
None	112			To attaining the second of the second	region de management de la companya del companya del la companya del companya de la companya de la companya de la companya del companya de la companya del compan
	Name and Address	of Source		Kind	of Income ts, leases, etc.)
Name:	or is to the contract of the c	A Commission of the Commission			
Address:	merico de la companya				
Name:					
Address.					
\$\frac{1}{2} \tag{2.00} \tag{3.00} \tag{4.01} \tag{4.00} \tag{5.00} \tag{4.00} \tag{5.00} 5.00	PÁPT	5. REPORTABLE LIA	BUITES		
List the names of creditors for an areas of economic activity of eac	ny unsecured loans o	of \$3,000 or more that yo	u received during the	reporting period	, and list the major
None	1/	11—	-	er open en e	
	Name and Address	of Greditor			pe of Economic of Creditor
Name:	t dest en	Section of the sectio	and the second section of the contents of the	The second contract of	. 1997 (1998) 1998 (1998) 1998) irid ilika addinid addinid addinid arab addy oʻr menenge q
Address:		ing demonstrated and the second secon			
Name:	The state of the s	Transfer Advisor Control of the Annual Contr	and the second s		a vannishandi danar 1, 1, 7 m., 1, 1, 2, m., 1, 1, 2, m. 1, 1,
Address:	•	The state of the s		:	
	PAF	RT 6. REPORTABLE	GIFTS		
List the specific source of each g none, check the box	ift of more than \$300.	. Include gifts with an ag	gregate value of more	e than \$300 from	a single source. If
□ None	11	the second section is a second of	Some of a constant state of the comment of the or	The second secon	لمندي دوروج فحم مشاعد عداد
Name of So	ource of Gift		Name of	Source of Gift	and the second s
1.		· 3.		•	
2.	- Hardenson Valle	4.	and the subject of th	**************************************	e de la composição de la c

		PORTABLE HONC	\$ A.A.A.	
List the source of any honoraria	a accepted for appearances of	r speeches related to	your official	duties. If none, check the box.
☐ None		rigan at ing in tak, and also surprise — — of none organization		
Name of Sou	urce of Honoraria	the second secon	- Name	of Source of Honoraria
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2.		4.	okulturak odu nusus osos osos veryegaj ana (* 12. osoba	
	PART 8. REPRESENT.	ATION BEFORE S	TATE AGE	NCIES :
List each executive branch age the box.	ency before which you repres	sented or assisted oth	ers for com	pensation of any amount. If none, check
☐ None	1/1			
Name Name	of Agency	33	No. of the Control of	Name of Agency
1. '	/	3.		
2.		4.	A. A	
\$ \$\frac{1}{2} \tag{2}	PART 9. BUSINI	SS WITH STATE	AGENCIES	
List each executive branch age \$1,000 during the reporting per	ncy to which you or a member iod. If none, check the box.	er of your immediate f	amily sold g	oods or services with a value in excess of
☐ None [‡]	1/1	AND		<u>.</u>
Name	of Agency	A control of the cont		Name of Agency
1,		3.	-	
2.	The second secon	4.	-	n managan pagan
PAR	XT 10. INCOME RECEIVE	D BY MEMBERS C	DE IMMEDI	ATE FAMILY
List the type of economic activi	ity representing each source d and the kind of income repre	of income of \$1,000	or more rec	eived by your spouse or dependent child rcle "S" for income received by spouse or
Type of Economic Activity R	epresenting Source of Income	Received a appr	rcle opriate tter	Kind of Income
1.	MA	S	D	and the same a survey of the second s
2.		S	D	
3.		· S	D	
4.	THE RESERVE AND PARTY AND PROPERTY AND PROPE	S	D	for perform Annual Service of Statistical Assessment Control (Control Statistical Assessment Control Service Assessment Control S
		SIGNATURE		
A Legislator who willfully fails (1 M.R.S.A. § 1017-A)	to file a required statemen	t is subject to a fine	of \$10 pe	r business day until the report is filed.
The intentional filing of a false willfully filed a false statement,	statement is a Class E crir it shall refer its findings of fa	me. If the Commiss	ion conclud eneral.	es that it appears that a Legislator has
If the Commission determines the Legislator shall be presun	that a Legislator has willfully ned to have a conflict of in	failed to file a requir	ed statemer	nt or has willfully filed a false statement, shall be precluded from voting on any offluence the outcome of any question.
Smill F) 4.		-1	1

Signature

NAME:	The state of the s		DATE:	
ADDRESS:				
	73 73 8		ADDITIONAL INFORMATION	
Please provide information you	any additional are providing.	information below	(and on additional sheets if needed).	Indicate the part or section number for the
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